

**SUPPLEMENTAL APPLICATION DATA SHEET****Application Information**

Application number::	10/706,275
Filing Date::	11/13/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	<u>Listing</u>
Number of CD disks::	<u>1</u>
Number of copies of CDs::	
Sequence submission?::	<u>Paper</u>
Computer Readable Form (CRF)?::	<u>Yes</u>
Number of copies of CRF::	<u>1</u>
Title ::	VACCINE
Attorney Docket Number::	<u>484112.413</u>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	
Contract or Grant No::	
Secrecy Order in Parent Appl.?::	No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	<u>US</u>
Status::	Full Capacity
Given Name::	George
Middle Name::	H
Family Name::	Lowell
Name Suffix::	
City of Residence::	<u>Hampstead</u>
State or Province of Residence::	<u>QC</u>
Country of Residence::	Canada
Street of mailing address::	<u>185 Eton Crescent</u>
City of mailing address::	<u>Hampstead</u>
State or Province of mailing address::	<u>QC</u>
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H3X 3K4

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	George
Middle Name::	L
Family Name::	White
Name Suffix::	
City of Residence::	<u>Beaconsfield</u>
State or Province of Residence::	<u>QC</u>
Country of Residence::	Canada
Street of mailing address::	475 Coronet Avenue
City of mailing address::	<u>Beaconsfield</u>
State or Province of mailing address::	<u>QC</u>
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H91 1Z8

Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Michael
Middle Name::	R
Family Name::	Batzloff
Name Suffix::	
City of Residence::	<u>Coopers Plains</u>
State or Province of Residence::	
Country of Residence::	Australia
Street of mailing address::	4 Atkins Close
City of mailing address::	<u>Coopers Plains</u>
State or Province of mailing address::	
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4108

Fourth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	David
Middle Name::	S
Family Name::	Burt
Name Suffix::	
City of Residence::	<u>Dollard Des Ormeaux</u>
State or Province of Residence::	<u>QC</u>
Country of Residence::	Canada
Street of mailing address::	<u>330 Newton Road</u>
City of mailing address::	<u>Dollard Des Ormeaux</u>
State or Province of mailing address::	<u>QC</u>
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	<u>H9A 3K1</u>

Fifth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Tomas
Middle Name::	B
Family Name::	Leanderson
Name Suffix::	
City of Residence::	Malmo
State or Province of Residence::	
Country of Residence::	Sweden
Street of mailing address::	Salongsgatan 16B
City of mailing address::	Malmo
State or Province of mailing address::	
Country of mailing address::	Sweden
Postal or Zip Code of mailing address::	SE-211 16

Sixth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Michael
Middle Name::	F
Family Name::	Good
Name Suffix::	
City of Residence::	<u>The Gap</u>
State or Province of Residence::	
Country of Residence::	Australia
Street of mailing address::	46 Weemala Street
City of mailing address::	<u>The Gap</u>
State or Province of mailing address::	
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4061

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This application</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/426,409</u>	<u>11/15/02</u>

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
<u>Australia</u>	<u>2002302132</u>	<u>11/15/2002</u>	<u>Yes</u>

Assignee Information

Assignee name::	ID Biomedical Corporation of Quebec
Street of mailing address::	<u>7150 Frederick-Banting #200</u>
City of mailing address::	Ville St. Laurent
State or Province of mailing address::	Quebec
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	<u>H4S 2A1</u>

Assignee Information

Assignee name::	The Council of the Queensland Institute of Medical Research
Street of mailing address::	Bancroft Center 300 Herston Road
City of mailing address::	Herston
State or Province of mailing address::	Queensland
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4006

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